

came in 1983. It took until 1992 to get the Corps of Engineers to agree on funding. Now it has \$77 million. We are still in court, but it is going to move forward. I do not expect health care legislation to take that kind of a long term, but it is a matter which does take some time.

It is my hope we will yet improve this bill. It is my hope that when the bill goes to conference, we will find a way, perhaps, even to bring back the public option in a refined sense. The public option is in the House bill.

One Republican Senator has stated opposition on the ground that there has not been time enough to review the bill. It is complicated. I think there has been time enough to review the bill. But I respect the view of the Senator on the other side of the aisle. When the bill goes to conference, that Senator will have an opportunity to review the bill further. That Senator has shown some inclination to support the bill, having voted it out of the Finance Committee.

Another Republican Senator has commented that the bill has been very greatly improved, not sufficiently for the taste of that Senator, but perhaps we will find a way to improve the bill. We still do have a bicameral legislature. We do have the House of Representatives which has the public option.

Comments were made about the fall of the expansion of Medicare on the ground it was considered in too brief a period of time, not enough time to digest it, not enough time to think through. We will have, in the month of January, some time to consider that further, and in conference we may well find we are able to improve the bill. We cannot get to conference unless we pass the bill out of the Senate.

I was asked yesterday how will I respond to my constituents if we have the bill which has had so much taken from it. I said: A more relevant question or an equally relevant question is how will I respond to my 12 million constituents in Pennsylvania if we go home with nothing. If we have 80 percent accomplished, then that is a starting achievement.

It may well be it will take the campaign in 2010. If this Congress will not pass a bill with a robust public option, it could well be a campaign issue.

I believe my colleagues on the other side of the aisle may well be misreading the American people. I believe the American people do want health reform. It does take time for the American people to understand the ramifications of it. But this may well be a campaign issue in 2010. The 112th Congress may have a different view as to how we ought to proceed.

During the month of August, when I was making the rounds of town meetings in Pennsylvania, in accordance with my habit to cover almost every county almost every year, when I got to the first town meeting, the second Tuesday in August, the first week we

were in recess, I found instead of the customary 85 or 100 people, more than 1,000 people and 3 national television sound trucks—CNN, MSNBC, and FOX. There were a lot of vituperative statements. One man approached me apoplectic and said the Lord was going to stand before me. I think he got mixed up. I think he meant to say I was going to stand before the Lord. Senators are reputed to have power but not quite that much power. I think the public tenor is considerably more favorable to health care insurance today than it was then. After the 2010 election, it may be substantially more favorable.

We have to move ahead with building blocks, and we do have a chance to improve the bill in conference.

I point to the provisions of the bill as to what we have. We have very significant insurance reforms. We have eliminating discrimination based on pre-existing conditions. We have new health insurance exchanges. We have an elimination of a cap. We cover many of the uninsured, expanding to some 33 million additional people. We have substantial more small business assistance, preventive care, increased health workforce. We have improvements in the health delivery system. We have fiscal responsibility that this bill will not add to the deficit but will, in fact, reduce the deficit in the first decade by some \$120 billion and in the second decade by some \$650 billion.

We have a provision I have pressed in earlier legislation, S. 914, to provide for transformational medicine.

During my tenure as chairman of the Appropriations Subcommittee on Health and Human Services, I took the lead, with the concurrence of Senator HARKIN, who was then in the minority, to increase NIH funding from \$12 billion to \$30 billion and then in the stimulus package to add \$10 billion more. There has been a gap on what we call transformational medicine, going from the so-called bench in the laboratory to the bedside. While I have not seen the final version of the managers' packet, I am informed that provision will be a part of the bill.

We have very important measures for preventive care, for annual exams, which will cut off many chronic illnesses which are so debilitating and so expensive.

I have pressed an amendment, which is pending, to have mandatory jail sentences for at least 6 months for someone convicted of \$100,000 or more of Medicare or Medicaid fraud. Jail sentences are a real deterrent. The experience I had as Philadelphia's DA showed me that when you have a fine, that is added onto the cost of doing business and is passed on to the consumers.

I ask unanimous consent to have printed in the RECORD a statement of the provisions which I briefly summarized which are very favorable in this bill and a statement of testimony at a Criminal Justice Subcommittee to show the value of deterrence.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

GENERAL INSURANCE REFORMS

Insurance companies will be barred from discriminating based on pre-existing conditions, health status, and gender.

New health insurance Exchanges will make coverage affordable and accessible for individuals and small businesses.

UNINSURED

With a reported 47 million people without health insurance the status quo is not acceptable. Additionally, there are millions more Americans who are underinsured, with health insurance that is inadequate to cover their needs.

In 2007, 1,206,115 Pennsylvanians under age 65 were uninsured for the entire year, which is 11.3 percent of the under 65 population.

The analysis found that the legislation would extend coverage to 33 million more Americans, bringing the percentage of Americans with health insurance to 93%.

The bill covers 10% more Americans with only a 0.7 percent increase in spending—a change of only 0.1% of GDP in 2019.

SMALL BUSINESS ASSISTANCE

In the current health insurance market small business are at a distinct disadvantage in providing health insurance to their employees. In a recent study it was found that 58 percent of small employers do not offer health insurance, with nearly 50 percent stating that they can't afford it.

The Patient Protection and Affordable Care Act address health insurance problems facing small businesses by providing more health plan choices, fairness in the marketplace and improving affordability with tax credits.

PREVENTATIVE CARE

The Patient Protection and Affordable Care Act will eliminate co-pays and deductibles for recommended preventive care, provide individuals with the information they need to make healthy decisions, improve education on disease prevention and public health, and invest in a national prevention and public health strategy.

INCREASE HEALTH WORKFORCE

Currently, 65 million Americans live in communities where they cannot easily access a primary care provider, and an additional 16,500 practitioners are required to meet their needs. The Patient Protection and Affordable Care Act will address shortages in primary care and other areas of practice by making necessary investments in our nation's health care workforce.

IMPROVEMENTS IN THE HEALTH DELIVERY SYSTEM

The legislation we are considering will establish an Independent Medicare Advisory Board to present Congress with proposals to reduce cost growth and improve quality for Medicare beneficiaries. In years when Medicare costs are projected to be unsustainable, Board proposals will take effect unless an alternative is adopted by Congress. This type of reform is necessary to ensure the financial future of Medicare.

Preventable hospital readmissions diminish quality and efficiency in the health care system. Nearly 20 percent of Medicare patients who are discharged from the hospital are readmitted within 30 days. The Medicare Payment Advisory Commission (MedPAC) estimates that Medicare spent \$12 billion on potentially preventable hospital readmissions in 2005, which would be more than \$15 billion today.